



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

MEMO

To: 95-17289
From: Linda Werner *L.W.*
Date: April 13, 2018
Subject: Conflicting Address Change Requests

On March 7, 2018, we received an address change request from Daniel McElmoyl requesting that their address be changed to 2624 W Presley, Coeur d'Alene, ID.

On March 23, 2018, we received a second request from Connie McElmoyl for an address change requesting that it be changed to PO Box 1783, CDA, ID.

I contacted Mr. McElmoyl on April 13, 2018, via phone for clarification on the address change and he told me that for the present time they will be using PO Box 1783, CDA, ID. Based on this information, the address will be changed to PO Box 1783, Coeur d'Alene, ID 83816.

CHANGE IN ADDRESS OF NOTICE OF CLAIM

RECEIVED
MAR 23 2018
IDWR / NORTH

Adjudication Claim Number(s): 95-17289

Previous Mailing Address: 1632 N Gem St.
Tulare, CA.
93214

New Mailing Address: PO Box 1783
CDA, ID
83816

Telephone Number: (559) 994-5265

Signature(s) of all Claimant(s): Connie McElmoyl
Connie McElmoyl
Print your name below your signature.

Please mail or FAX this completed form to the office nearest you:

Adjudication Section
Idaho Department of Water Resources
7600 N. Mineral Dr., Ste. 100
Coeur d'Alene, ID 83815-7763
Phone 208-762-2800
FAX 208-762-2819

Adjudication Section
Idaho Department of Water Resources
2735 Airport Way
Boise, ID 83705-5082
Phone 208-334-2190
FAX 208-334-2348

Adjudication Section
Idaho Department of Water Resources
650 Addison Ave. W, Ste. 500
Twin Falls, ID 83301-5858
Phone 208-736-3033
FAX 208-736-3037

Adjudication Section
Idaho Department of Water Resources
900 N. Skyline Dr., Ste. A
Idaho Falls, ID 83402-3653
Phone 208-525-7161
FAX 208-525-7177

Adjudication Section
Idaho Department of Water Resources
322 E. Front St.
P.O. Box 83720
Boise, ID 83720-0098
Phone 208-287-4800
FAX 208-287-6700

IDWR Use Only

Revised 02/14

Data Entry: [Signature]

Date: 4-13-2018

RECEIVED

MAR 07 2018

IDWR/NORTHERN

Form No.42-1409-1 (Internet 3/12)

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

RECEIVED

MAR 29 2017

IDWR/NORTHERN

CIVIL CASE NUMBER: 49576

ID Number: 95-17289

Date Received: 3-29-2017

Receipt No: N032468

Amount: 101.00 By: 244

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) DANIEL JAMES McELMOY Phone 559-686-6511
Mailing address 1632 N. Gem St TULARE CA. ZIP 93274
Street or Box City State
2. Date of priority (only one (1) per claim) 8-6-1965
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other X (a) UNAME STREAM SPRING
which is tributary to (b) Kidd Creek
4. a. Location of point of diversion is: Township 50 N, Range 04 W, Section 34,
NE 1/4 of SW 1/4, or Govt. Lot _____, B.M., County of _____
Parcel (PIN) no. 50N04W344700
Additional points of diversion if any: _____
If available, GPS coordinates: _____
- b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____,
Section _____, 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well.

Dug Pond APP 1 ACRE X 20 FT Deep

ADDRESS Change

~~2624 PR~~

2624 W. PRESLEY DMC
COEUR D ALENE 3-18

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd)

(cfs)

(acre-feet)

For WILD LIFE purposes from 1-1 to 12-31 amount _____ or 1.4 Acre Ft.
 For WILD LIFE STORAGE purposes from 1-1 to 12-31 amount _____ or 1.4
 For WILD LIFE FROM STORAGE purposes from 1-1 to 12-31 amount _____ or 1.4
 For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) _____ (cfs) and/or (b) 1.4 (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): WILD LIFE

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
<u>50N</u>	<u>4W</u>	<u>B4</u>									<u>W</u>								
											<u>WS</u>								
											<u>WFS</u>								

Parcel (PIN) no(s). _____

Total number of acres irrigated _____

10. In which county(ies) are lands listed above as place of use located? Kootenai

11. Do you own the property listed above as place of use? Yes (X) No ()

If your answer is no, describe in remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (X)

13. Remarks:

Last name _____ Identification no. _____

14. Basis of claim (check one) Beneficial Use ☒ Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number _____

15. Signature(s)

a. By signing below, I/we acknowledge that I/we have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication".

b. I/We do () do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

For individuals:

I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of claimant(s) Daniel James McElroy Date: 3-29-17

_____ Date: _____

For organizations:

I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of authorized agent _____ Date _____

Title and organization _____

16. Notice of appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last name _____ Identification no. _____